



Standard Form 3104
Revised December 1991
Office of Personnel Management
5 CFR 843
Form Approved:
OMB No. 3206-0172

Application for Death Benefits

General Information

This application is for use by persons applying for benefits which may be payable under the Federal Employees Retirement System (FERS) because of the death of an employee, former employee, or annuitant who was covered by FERS at the time of his/her death or separation from Federal service.

An **employee** is defined for death benefit purposes as anyone who was still on the agency's employment rolls at the time of death, even if he or she had applied for a disability retirement and his/her pay had already stopped.

A **former employee** is defined for death benefit purposes as anyone who was no longer on an agency's employment rolls at the time of death and had not yet qualified for retirement benefits.

An **annuitant** is defined for death benefit purposes as anyone who had been separated from an agency's employment rolls and had met all the requirements for retirement (including having filed an application for retirement benefits). An individual who was eligible for an immediate retirement when he/she separated from Federal service, but who postponed applying for benefits to avoid an age reduction, is "deemed" to have applied for retirement beginning the first of the month **after** death. Benefits due, in this instance, are those based on the death of an annuitant.

Types of Benefits Payable

The type of benefit(s) payable depends in part on whether the deceased was an employee, a former employee or an annuitant, as defined above, at the time of death. Also pertinent are the amount of creditable Federal service (both civilian and military) the deceased had performed and the relationship of the applicant to the deceased.

The three kinds of benefits are:

1. **Basic Employee Death Benefit:** If an **employee** who dies with at least 18 months of creditable civilian service is survived by a spouse who:
 - a. was married to the deceased for an aggregate of at least nine months (Note: the nine month requirement is deemed to be satisfied if the death was accidental); OR

ment is deemed to be satisfied if the death was accidental); OR

- b. was the parent of a child born of the marriage (including one born posthumously, or out of wedlock if the parties later married);

the spouse may be eligible for a Basic Employee Death Benefit, which is equal to 50% of the employee's final salary (average salary, if higher) plus \$15,000 (increased by **CSRS** cost of living adjustments (COLAs)). This benefit may be payable to a former spouse (in whole or in part) IF a qualifying court order is on file at OPM and the former spouse was married to the deceased for an aggregate of at least nine months and did not remarry before reaching age 55.

This type of benefit is not payable on the death of a former employee or annuitant.

2. **Survivor Annuity:** If an **employee** who dies with at least 10 years of creditable service (18 months of which must be civilian service) is survived by a spouse who:

- a. was married to the deceased for an aggregate of at least nine months (Note: the nine month requirement is deemed to be satisfied if the death was accidental); OR
 - b. was the parent of a child born of the marriage (including one born posthumously, or out of wedlock if the parties later married);

the spouse may be eligible for a monthly survivor benefit. This benefit may be paid in whole or in part to a former spouse IF a qualifying court order is on file at OPM.

If a former employee who dies with at least 10 years of creditable service (5 years of which must be creditable civilian service) is survived by a spouse who was married to the deceased at the time of his/her separation from Federal civilian service AND who:

- a. was married to the deceased for an aggregate of at least nine months (Note: the nine month requirement is deemed to be satisfied if the death was accidental); OR
 - b. was the parent of a child born of the marriage (including one born posthumously, or out of wedlock if the parties later married);

the spouse may be eligible for a monthly survivor benefit. This benefit may be paid in whole or in part to a former spouse IF a qualifying court order is on file at OPM. The benefit begins on the date the deceased former employee would have been eligible for an unreduced annuity, unless the survivor chooses to have it begin at a lower rate on the day after the employee's death. The former employee would have been eligible for an unreduced annuity at age 62 with a minimum of 10 years of creditable service and less than 20 years of service, at age 60 with 20 or more years of service, or at his/her Minimum Retirement Age

(MRA), according to the following schedule, with 30 years of service:

<u>If deceased was born in</u>	<u>His/her MRA is</u>
1947 or Prior	55 years
1948	55 years, 2 months
1949	55 years, 4 months
1950	55 years, 6 months
1951	55 years, 8 months
1952	55 years, 10 months
1953 to 1964	56 years
1965	56 years, 2 months
1966	56 years, 4 months
1967	56 years, 6 months
1968	56 years, 8 months
1969	56 years, 10 months
After 1969	57 years

If an **annuitant** dies who, at retirement, elected to provide a survivor annuity to his/her surviving spouse and or former spouse or a survivor annuity to a person having an insurable interest in him/her, or who after retirement elected to provide a survivor annuity for a spouse acquired after retirement, or if a qualifying court order on file at OPM has awarded benefits to a former spouse, a monthly survivor benefit may be payable.

If an **employee** with at least 18 months of creditable civilian service or an **annuitant** is survived by:

- a. unmarried dependent children up to age 18, AND/OR
- b. unmarried dependent children from age 18 to age 22 if attending an accredited school full-time AND/OR
- c. unmarried, disabled dependent children (certified as such by the Social Security Administration) if the disability occurred before age 18,

a basic child's survivor annuity may be payable. The combined benefit of all the children is reduced by the total amount of child's insurance benefits that are payable (or would, upon proper application, be payable) under Title II of the Social Security Act for the same month to all children of the deceased (including those of a former marriage who may not be living with the current spouse) based on the total earnings of the deceased. In many cases, the FERS children's benefit is reduced to \$0. OPM will require evidence of Social Security entitlement or non-entitlement before making any payments, so survivors should submit a copy of the SSA award (or denial) letter to OPM when they receive it. **Failure to submit SSA award or denial letters with the application may result in a delay in the payment of benefits.**

3. **Lump Sum Benefit:** If an **employee** dies and no survivor annuity is payable based on his/her death, the retirement contributions remaining to the deceased person's credit in the Civil Service Retirement and Disability Fund, plus applicable interest, are payable.

If a **former employee** dies and (1) no survivor annuity is payable or (2) the individual eligible for a survivor annuity elects to receive a lump sum payment of the contributions remaining to the deceased person's credit in the Retirement Fund instead of the survivor annuity, the retirement contributions remaining to the deceased person's credit in the Civil Service Retirement and Disability Fund, plus applicable interest, are payable.

If an **annuitant** dies, a lump sum benefit equal to the annuity due the deceased, but not paid before death, may be payable. If no survivor annuity is payable, the balance of any retirement contributions remaining to the deceased person's credit in the Civil Service Retirement and Disability Fund, plus applicable interest, may also be payable.

If a lump sum benefit is payable. It is paid to the first person eligible under the following order of precedence:

- a. beneficiary designated by the deceased in writing which is signed and witnessed and is received at his/her employing agency (or OPM if the deceased was an annuitant or a separated employee) prior to death; OR, if none, then to
- b. spouse of the deceased; OR, if none, then to
- c. children of the deceased (or descendants of deceased children); OR, if none, then to
- d. parents of the deceased; OR, if none, then to
- e. executor or administrator of the deceased person's estate; OR, if none, then to
- f. next of kin of the deceased according to the laws in the deceased person's state of domicile.

Instructions For Completing Application

Type or print clearly in ink. If you need more space in any section, use a plain piece of paper with your name, date of birth, and Social Security number, and the deceased person's name, date of birth and Social Security number, written at the top. If you do not know an answer, write "unknown". If you are unsure of information (for example, if you do not know an exact date), answer to the best of your ability, followed by a question mark (?).

The following additional information should help you to answer those questions on the application which are not entirely self-explanatory.

Section A - Information About the Deceased

3. Attach a certified copy of the death certificate.
4. The legal residence is the city and state where the deceased made his/her home.
6. If deceased had ever been employed under a different name (for example, a maiden name or his/her middle name), show the other names used.
7. If deceased had ever applied for or received retirement benefits, show the retirement claim number.

8. Recurring payments from the Office of Workers' Compensation Programs, U.S. Department of Labor (OWCP) and FERS survivor annuity benefits and/or the FERS Basic Employee Death Benefit usually are not payable for the same period of time. If the deceased had applied for or received benefits from the OWCP based on an illness or injury received resulting from a condition of employment within the last two years, indicate here. The OWCP claim number appears on the U.S. Treasury checks and correspondence from OWCP.
9. See **General Information** to help you determine which block to check.
11. If the deceased wasn't married at the time of death, write "none."
12. If the deceased had no former marriage, write "none". Attach copies of death certificates, divorce decrees from former marriages, annulments, if available. If you are the spouse of the deceased and were married to the deceased before, be sure to show the date your prior marriage(s) ended.

Section B - Information About the Applicant

5. Check all boxes which apply. For example, you may be filing both as spouse and on behalf of minor children. If you checked "designated beneficiary" and have a copy of the form designating you as beneficiary, attach it to the application. If you checked "parent," **both** parents must submit completed applications. If one is deceased, attach a copy of the death certificate. Otherwise, provide name and address of other parent in Section F, if known. If you checked "executor or administrator of estate," attach a copy of the court order appointing you executor or administrator. (Note that a court must have appointed you; we will not pay you based on a will or other document prepared by the deceased.)

Section C - Information About the Deceased Person's Spouse

1. If available, attach a copy of your marriage certificate.

If you were married by a priest, rabbi, pastor, Justice of the Peace or other person empowered by the State to perform marriages, check "Clergy/Justice of the Peace". If you were NOT married by someone empowered by the State to perform marriages, check "Other" and explain (for example, "common law" or "tribal marriage").

If marriage is common law and a State court has determined that you were married, send a copy of the court order or judgment. If you do not have a court order or judgment, attach two **notarized** affidavits from persons who are in a position to know the facts which clearly show: (1) the relationship between you, your spouse, and the person swearing to the affidavit; (2) the length of time you and the deceased lived together; (3) the address or addresses at which you resided while you lived together; (4) whether there was any public announcement in connection with your common law marriage; (5) whether you and the deceased were regarded among your neighbors, friends, and relatives as being husband and wife during the time you lived together; and (6) how the person swearing to the affidavit is in a position to know the facts being presented in the affidavit.

In addition, your own affidavit is required. It should show: (1) the date on which, and the State in which, you and your spouse mutually agreed to become husband and wife; (2) whether you or your spouse were ever married, ceremonially or under common law, to anyone else before entering into the common law relationship (if so, state in your affidavit all the facts of each previous marriage, including the date it took place and the date of the death or divorce which ended it); and (3) any other facts which you believe will help prove you were husband and wife. You may also submit other documents which show a husband and wife relationship such as a naturalization certificate, deeds, immigration records, insurance policies, passports, child's birth certificate, etc.

2. If you married the deceased more than once, give the date of the most recent marriage.
6. d. Give the name of the retirement system. (For example, Civil Service, Foreign Service, etc.)
- e. Give the claim number assigned to you by that system.

Section D - Information About the Deceased Person's Former Spouse

5. d. Give the name of the retirement system. (For example, Civil Service, Foreign Service, etc.)
- e. Give the claim number assigned to you by that system.

Section E - Information About the Deceased Person's Dependent Children

1. a. List, in order of birth date, all the surviving, unmarried, dependent children of the deceased. List all such children you know of, no matter where they live. A dependent child is a son or daughter who is unmarried and:
 - was under age 18 at the time of the deceased person's death, including any:
 1. adopted child, and/or
 2. stepchild, and/or
 3. recognized child born out of wedlock who lived with the deceased in a regular parent-child relationship, and/or
 4. recognized child born out of wedlock if there was a judicial determination of support or if the deceased made regular and substantial contributions for the support of the child.
 - is age 18 or older, but who became mentally and/or physically disabled before age 18 and who, because of the disability, is incapable of self-support. Attach a copy of the Social Security Administration's determination of disability (prior to age 18) for disabled child(ren) over age 18.
 - is between ages 18 and 22 and who is a full-time student in school.

- b. If available, please attach a copy of the birth certificate for each child for whom you are applying.
 - d. Show how each child is related to the deceased. For example, write "Child of marriage at death" for a child of the deceased person's marriage in force at the time of death.
 - e. If the unmarried dependent son or daughter is 18 or over, show if he or she is a full-time student and/or disabled.
2. The mother of the unborn child, the legal guardian or the person responsible for the child should send us the birth certificate, when available.
 3. d. If the person(s) in 3b., is (are) court appointed, indicate by checking the "Legal Guardian" box. If you are the person who is court appointed, attach a copy of the court appointment to this application. If there is no court appointment, check "Other" and write in the relationship to the child, for example, mother, father, sister, etc.
 4. You must apply for benefits from the Social Security Administration (SSA) for minor or disabled children of the deceased. FERS benefits to children will not be paid until we have received verification of their entitlement to (and amount of) or lack of entitlement to SSA benefits. You should submit a copy of SSA's notice of award or denial with this application, if available. If it is not submitted, we will obtain the information from SSA, however, this may delay the processing of your claim.

Section F - Information About Other Heirs

Please give us information about other relatives who may be able to inherit from the deceased. (See **Types of Benefits Payable**, number 3.) If you can't give complete information, do the best you can. List only people who were living when the deceased died and who have the following relationships to the deceased:

- Widow(er) (unless named in Section C);
- Children of the deceased not included in Section E and the children of any deceased children (on a separate sheet of paper, show the relationships of descendants of deceased children to the deceased, for example, John and Mary, children of deceased son John, and Sue, child of deceased daughter Ann);
- If there is no living widow(er) or child, list the deceased person's parents (if only one parent survives, a copy of the deceased parent's death certificate should be attached, if available);
- If there are no living relatives of the deceased as described above and no court-appointed executor or administrator as described in Section G, list other relatives who can inherit from the deceased.

Section G - Information About the Deceased Person's Estate

1. If someone was named as executor or administrator in the

deceased person's will, but hasn't been appointed by the court, check "no". If you have been appointed by a court, attach a copy of the court appointment.

Section H - Information About Active Military Service

1. Indicate whether your spouse or former spouse performed active duty that terminated under honorable conditions in the Armed Forces or other uniformed services of the United States, including the following:
 - Army, Navy, Marine Corps, Air Force or Coast Guard of the United States.
 - Regular Corps or Reserve Corps of the Public Health Service after June 30, 1960.
 - Commissioned Officer of the National Oceanic and Atmospheric Administration (formerly Coast and Geodetic Survey and Environmental Science Services Administration) after June 30, 1961.
 - Cadet in the United States Military Academy or United States Air Force Academy or Midshipman in the United States Coast Guard Academy or United States Naval Academy.

Inactive service in reserve components of the uniformed service is not creditable for retirement purposes. Service in the National Guard is **not** considered active Federal military service **except** when ordered to active duty in the service of the United States and during an initial (3 months or longer) training period.

Information about the deceased person's active duty military service is needed so that we can compare your claim with other records and request verification of any military service claimed but not verified. This assures that your benefit is credited with the correct amount of active military service. This service may be added to the deceased person's civilian service in the computation of your survivor annuity, if you are eligible. If the deceased was an annuitant, this information is already on file at OPM.

If you have a copy of the deceased person's DD 214's or other discharge certificate(s) showing the dates of active duty and the deceased was a former employee at the time of death, you should attach it (them) to your application.

2. Persons who performed active military service after December 31, 1956, must pay or have paid a deposit to receive credit under FERS for the military service. If the deceased **transferred** to FERS from the old retirement system, CSRS (Civil Service Retirement System), AND performed five years of potentially creditable civilian service (excluding service simultaneously covered by the Social Security and Civil Service Retirement System) prior to the effective date of his/her transfer to FERS, military service performed after December 31, 1956, will be creditable under CSRS rules if it was performed prior to the effective date of FERS coverage.

The CSRS rules are:

- If the deceased was first employed under CSRS before October 1, 1982, the service is creditable without deposit if the Social Security Administration is not using it for eligibility or computation of benefits due based on the death of the employee. Survivors of deceased employees have the option of paying the deposit to receive credit for the service from both agencies.
- If the deceased was first employed under CSRS on or after October 1, 1982, the deposit must be paid to receive credit for the service. Survivors of deceased employees have the option of paying the deposit to receive credit for the service. If the deceased was only employed under FERS, or the military service was performed after the effective date of FERS coverage and/or would be used in a FERS component to the benefit, it is creditable under FERS rules.

The FERS rules are:

- A deposit **must** be paid to receive credit for the service. If the deceased was an employee at the time of death, you may pay or complete the payment of the deposit by completing the election form contained in SF 3104B, which can be obtained from the agency where the deceased was last employed.

3. Indicate whether your spouse (former spouse) ever received or applied for military retired pay.

If you are receiving military survivor benefits, your spouse's military service is used for survivor purposes, subject to a reduction equal to the amount of your military survivor benefits. However, if such retired pay was awarded on account of a service-connected disability incurred in enemy combat or caused by an instrumentality of war in line of duty during a war period, or was awarded under Chapter 67, title 10, formerly title III of Public Law 80-810 (reserve retired pay at age 60 based on 20 years of active and reserve service), no such reduction is required. You should attach a copy of your award of military survivor benefits verifying the award was based on one of the above reasons.

Section I - Certification

Section J - Applicant's Checklist

Use this section of the application to ensure that all required supporting documentation is attached. This will expedite payment of any benefits to which you are entitled.

SF 3104A -

If the deceased was an annuitant at time of death and you are the surviving spouse, you should complete Standard Form 3104A which is attached to this application. Instructions for completing SF 3104A are contained on the form itself.

SF 3104B -

If the deceased was an employee at time of death and you are the surviving spouse or former spouse, you and the deceased

person's agency should complete Standard Form 3104B, which can be obtained from the deceased person's former employing agency. Instructions for completing SF 3104B are contained on the form itself.

How to Have Survivor Annuity Payments Sent to a Bank or Financial Institution (See Type of Benefits Payable)

If you are eligible for survivor annuity payments, you should consider having your survivor annuity payments sent directly to your bank or financial institution. This is both convenient and safe, and eliminates the possibility of lost or stolen checks. It also assures that payments are deposited and available for your use, even when you are away from home. If you elect this option, you will continue to receive other information at your mailing address. To have your payments sent to a financial institution, you must obtain SF 1199A, "Direct Deposit Sign-Up Form," where you bank. Both you and your bank need to complete this form. To send the form with this application, you may omit your survivor annuity claim number -- it will be filled in by OPM. But, if you want to send a SF 1199A later, you **MUST** include your claim number.

What to Do If Your Address Changes Before Processing Is Completed

If your address changes before you receive your claim number, write to us, giving your name, date of birth, your Social Security number, and the deceased person's name, date of birth and Social Security number. If you have received your claim number, remember to refer to it. In addition, you should notify your old post office of your forwarding address.

Submitting Completed Application

Send your completed application, with the requested attachments, to:

- a. the personnel office in the agency where the deceased was last employed, if deceased was an **employee** at the time of death, or
- b. if the deceased was a **former employee** or an **annuitant** at the time of death, send it to:

**Office of Personnel Management
Federal Employees Retirement System
Post Office Box 200
Boyers, PA 16017**

Public Burden Statement

We think this form takes an average of 60 minutes per response to complete, including the time for reviewing instructions, getting the needed data, and reviewing the completed form. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Management and Budget, Paperwork Reduction Project (3206-0172), Washington, D.C. 20503. Completed application forms should not be sent to this address.

Privacy Act Statement

Solicitation of this information is authorized by the Federal Employees' Retirement law (Chapter 84, title 5, U.S. Code). The information you furnish will be used to identify records properly associated with your application for Federal benefits, to obtain additional information if necessary, to determine and allow present or future benefits, and to maintain a uniquely identifiable claim file. The information may be shared and is subject to verification, via paper, electronic media, or through the use of computer matching programs, with national, state, local or other charitable or Social Security administrative agencies in order to determine benefits.

under their programs, to obtain information necessary for determination or continuation of benefits under this program, or to report income for tax purposes. It may also be shared and verified, as noted above, with law enforcement agencies when they are investigating a violation or potential violation of the civil or criminal law. Executive Order 9397 (November 22, 1943) authorizes use of the Social Security number. Furnishing the Social Security number, as well as other data, is voluntary, but failure to do so may delay or prevent action on your application.



APPLICATION FOR DEATH BENEFITS FEDERAL EMPLOYEES RETIREMENT SYSTEM

Form Approved
OMB No. 3206-0172

Section A- Information About the Deceased

1. Full name of deceased (<i>Last, first, middle</i>)	2. Date of birth (<i>Month, day, year</i>)	3. Date of death (<i>Month, day, year</i>)
4. Legal residence at time of death (<i>City, state</i>)		5. Social Security Number
6. Other names under which employed		7. CSA Number (<i>if applicable</i>)
8a. Was the deceased applying for or receiving workers' compensation from the Office of Workers' Compensation Programs (OWCP), Department of Labor? <input type="checkbox"/> No <input type="checkbox"/> Yes		8b. OWCP Claim Number
9. What was deceased person's employment status at time of death (<i>see General Information in Instructions</i>) <input type="checkbox"/> Employee <small>Complete SF 3104B, which can be obtained from the deceased person's former employing agency.</small> <input type="checkbox"/> Former Employee <input type="checkbox"/> Annuitant → If you are the surviving spouse Complete SF 3104A (attached)		
10a. Name of Federal agency where deceased was last employed	10b. Address (<i>city, state</i>) of agency where last employed	
11. Name of deceased person's spouse at time of death		
12a. Name of deceased person's spouses from all former marriages	12b. How did each marriage end? <input type="checkbox"/> Death <input type="checkbox"/> Divorce/Annulment	12c. Date each marriage ended (<i>Mo, dy, yr</i>)
	<input type="checkbox"/> Death <input type="checkbox"/> Divorce/Annulment	

Section B- Information About the Applicant

1. Your full name (<i>Last, first, middle</i>)	2. Date of birth (<i>Month, day, year</i>)	3. Social Security Number
4a. Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No →		4b. What country are you a citizen of?
5. I am applying for benefits as (<i>check all boxes that apply</i>): <input type="checkbox"/> Widow(er) → Complete Section C below <input type="checkbox"/> Designated beneficiary (<i>attach copy of designation, if available</i>) <input type="checkbox"/> Parent of decedent <input type="checkbox"/> Executor or administrator of estate (<i>attach copy of court order</i>) <input type="checkbox"/> Former spouse → Complete Section D below <input type="checkbox"/> Child (<i>or as descendant of deceased child or guardian of minor or disabled child</i>) <input type="checkbox"/> Other (<i>specify</i>):		

Section C- Information About the Deceased Person's Spouse (*Complete if you are the spouse.*)

1. Marriage performed by <input type="checkbox"/> Clergy/Justice of the Peace <input type="checkbox"/> Other (<i>explain</i>)	2. Date of marriage (<i>Month, day, year</i>)	3. Social Security Number
4. Were you married to the decedent more than once? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Have you married since the date given in Section A.3? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6a. Have you ever applied for a survivor annuity based on the Federal service of a deceased spouse other than the one named above in Section A.1? <input type="checkbox"/> No → <input type="checkbox"/> Go to Section E Yes → Complete items 6b-6e below		
6b. Name of deceased former spouse	6c. Date of birth (<i>Mo, dy, yr</i>)	6d. Retirement System
		6e. Claim Number

Section D- Information About the Deceased Person's Former Spouse (*Complete if you are the former spouse.*)

1a. Date of marriage to the deceased (<i>Mo, dy, yr</i>)	1b. Date of divorce from the deceased (<i>Mo, dy, yr</i>)	2. Is there a court order awarding you any portion of the deceased person's FERS retirement or survivor benefits? <input type="checkbox"/> Yes, on record at OPM <input type="checkbox"/> Yes, attached <input type="checkbox"/> No	
3a. Are you paying for Federal Employees Health Benefits coverage to a former employing office? <input type="checkbox"/> No → Go to item 4a <input type="checkbox"/> Yes → Go to item 3b			
3b. Give name and address of agency where you send health benefit premiums:			
4a. Have you married again since your marriage to the deceased? <input type="checkbox"/> No → Go to item 5a <input type="checkbox"/> Yes → Go to item 4b		4b. Date of first marriage after marriage to deceased ended (<i>Mo, dy, yr</i>)	
5a. Have you ever applied for a survivor annuity based on the Federal service of a deceased spouse or former spouse other than the one named above in Section A.1? <input type="checkbox"/> No → Go to item 6 <input type="checkbox"/> Yes → Complete items 5b-5e below			
5b. Name of deceased former spouse	5c. Date of birth (<i>Mo, dy, yr</i>)	5d. Retirement System	5e. Claim Number
6. If you checked "Employee" in Section A.9, and your former spouse performed more than 18 months of creditable civilian Federal service, and a court awards you all or a portion of the Basic Employee Death Benefit or a survivor annuity, contact the deceased person's former employing agency in order to complete the necessary election forms in Standard Form 3104B.			

Section E - Information About the Deceased Person's Dependent Children

1a. Are there any unmarried dependent children as defined in the instructions?

☐

Yes → Complete items 1b-1f below

☐

No → Go to Section F

b. Name(s) of Unmarried Dependent Children (List in order of birth)	b. Date of Birth (Month, day, year)	d. Child's relationship to deceased (Child of former marriage, adopted, etc.)	d. Age 18 or over	f. Child's Social Security Number

2. Is there a child of the deceased not yet born?

☐

Yes → When born, send birth certificate for child to OPM

☐

No

3a. Do you (the applicant) have responsibility for all the children in Section E.1?

☐

No → Complete items 3b-3d below

☐

Yes → Go to item 4a

b. Name and address of person having responsibility for child	c. Name(s) of Children	d. Custodian's Relationship to Child
		<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other → Specify
		<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other → Specify
		<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other → Specify

4a. Has anyone applied for benefits from the Social Security Administration (SSA) for minor or disabled children of the deceased?

☐

No → (Application required for payment of benefits.)

☐

Yes

4b. Have you attached copy of the SSA's Notice of Award of benefits, and/or denial of benefits, and/or disability determinations for each child?

☐

No → Not yet received (Forward to OPM upon receipt.)

☐

Yes

5a. Has a legal guardian (other than any shown in E. 3) been appointed for any child listed in E. 1?

☐

Yes → Complete b-c below

☐

No → Go to Section F

b. Name and address of Legal Guardian	c. Name(s) of Children

Section F - Information About Other Heirs

List other relatives who can inherit from the deceased as explained in the instructions.

1. Full name of relative	2. Complete Address	3. Relationship to Deceased

Section G - Information About the Deceased Person's Estate

1. Has an executor, administrator or other official been appointed by the court to settle the estate of the deceased?

☐

No → Go to item 3 below

☐

Yes →

2. Full name and address of person appointed (Street, city, state, ZIP Code)

3. If an executor, administrator or other official has not been court appointed, will one be appointed?

☐

Yes

☐

No

Section H - Active Military Service (Complete ONLY if you are the surviving spouse or former spouse.)					
Complete if deceased was an employee or former employee at time of death. 1. If the deceased performed active, honorable service in the Armed Forces or other uniformed service as described in the instructions, complete items 1a-e below and attach a copy of the discharge certificate or other certificate of active military service (if available).					
a. Branch of Service	b. Serial Number	c. Dates of Active Duty		d. Last Grade or Rank	e. Organization at discharge (Div., Co., etc.)
		From (Mo, dy, yr)	To (Mo, dy, yr)		
2. Complete if deceased was an employee or former employee at time of death. If any of the above listed service was performed after 12/31/56, was a deposit to the Retirement Fund made for the service? <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> No → </div> <small>If deceased was an employee at the time of death, complete and attach Standard Form 3104B which can be obtained from the deceased person's former employing agency.</small>					
3a. All surviving spouses and former spouses complete. Was the deceased receiving military retired pay at the time of death? <input type="checkbox"/> Yes <input type="checkbox"/> No					
3b. Did the deceased ever waive military retired pay? <input type="checkbox"/> Yes <input type="checkbox"/> No					
3c. Are you eligible for military survivor benefits? (Attach verification of your eligibility/ineligibility for such benefits.) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Section I - Certification					
I hereby certify that all statements made in this application are true to the best of my knowledge and that no evidence necessary to the settlement of this claim is withheld. I have read and understand all of the information provided in the instructions to this application.					
1. Signature of applicant named in Section B. (Sign in ink; do not print.)		2. Mailing address		WARNING: Any intentionally false or misleading statement or response you provide in this application is a violation of the law punishable by a fine or not more than \$10,000 or imprisonment of not more than 5 years or both. (18 USC 1001)	
3. Daytime telephone number (including area code)					
3. Date					
Section J - Applicant's Checklist					
Attach copies of the following documents to expedite the processing of your application.					
Document Title	Requirement	Attached			Comments
		Yes	No	N/A	
Death certificate	Certified copy required in all cases				
Marriage certificate	Required if you were spouse of deceased at time of death (if married more than once, provide copies of all certificates)				
Child(ren)'s birth certificate(s)	Recommended for all children for whom you are applying for benefits				
Social Security award determinations	Needed for all minor children and spouse if spouse is under 60 and is currently eligible for disability, mother or father benefits from the Social Security Administration, based on deceased person's service. If not submitted, OPM will obtain the information from SSA, however, this may delay the processing of your claim.				
Court papers appointing Executor/Administrator	Required if you are applying as executor or administrator of deceased person's estate				
Court papers appointing guardian for minor or disabled child(ren)	Required if you are applying on behalf of minor or disabled children of deceased and guardian has been appointed by court				
DD 214's or other military discharge certificates	Provide if you are applying as surviving spouse or former spouse, if available, and the deceased was a former employee (see General Information) at the time of death.				